SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEP AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO RE

FLORIDA DEPARTMEN OF STATE

MBER 30, 1998.

TATE: \$750).

Sandra B. Mort

Secretary of Sta

DIVISION OF CORPORATIONS

1998

PROFIT

CORPORATION

ANNUAL REPORT

DOCUMENT #

1. Corporation Name P95000066573 (3)

SUNRISE CRANE SERVICE, INC.

FILED Jul 09 1998 8:00am Secretary of State



Principal Place of Business Mailing Address						
2330 NE 1ST AVENUE POMPANO FL 33060		2330 NE 1ST AVENUE POMPANO FL 33060		DO NOT WRITE IN T	HIS SPACE	
		·	·	·	3. Date Incorporated or Qualified 08/28/1995	
└	Place of Business	2a. Mailing Address			4. FEI Number	Applied For
Suite And Warfe		[26]		65-0605370	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc. [27]		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	├──┐ ' ⊦·┐ ' ├──┐		Country	of this superandit of the ball the complete year interrigible		
24	25	[29]	30		Personal Property Tax due June 30.	Yes No
	9. Name and Address of Currer	nt Registered Agent	81	Alama	10. Name and Address of New Register	ed Agent
	SIER, FRANK		*'	Name		
) NE 1ST AVENUE IPANO FL 33060		82	Street Add	t Address (P.O. Box Number is Not Acceptable)	
	:		83			
			84	1		85 Zip Code
11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.						
SIGNATURE						
12.	OFFICERS AND DIRECTORS		13.	<u> </u>	ADDITIONS/CHANGES TO OFFICERS	
TITLE	P	DELETE	1.1 TITLE			Change Addition
NAME	MOSIER, FRANK	_	1.2 NAME			
STREET ADDRESS	2330 NE 1 AVE		1.3 STREET	ADDRESS		
CITY-ST-ZIP	POMPANO BEACH FL		1.4 CITY-ST-ZIP			
TITLE	VD	DELETE	DELETE 2.1 TITLE			Change Addition
NAME	HOTHER, MICHAEL		2.2 NAME			
STREET ADDRESS	9771 NW 21ST MANOR		2.3 STREET ADDRESS			
CITY-ST-ZIP	SUNRISE FL 33322		2.4 CITY-ST-ZIP			
TITLE	S DELETE		3.1 TITLE	3.1 TITLE Change A		Change Addition
NAME	MOSIER, MARK		3.2 NAME			
STREET ADDRESS	4240 NW 38TH TERR		3.3 STREET	ADDRESS		
CITY-ST-ZIP	LAUDERDALE LAKES FL		3.4 CITY-S1	-ZIP		
TITLE		DELETE	4.1 TITLE			Change Addition
NAME			4.2 NAME			
STREET ADDRESS			4.3 STREET			
CITY-ST-ZIP		··· ·	4.4 CITY-ST	-ZIP	-	
TITLE	OLLETE		5.1 TITLE			Change Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET			
CITY-ST-ZIP TITLE			5.4 CITY-ST 6.1 TITLE	-ZIP		_
		L DELETE				Change Addition
NAME PTOCCT ADODCCC			6.2 NAME	1DDDECE		
STREET ADDRESS	•		6.3 STREET			
14. I hereby ce	ertify that the information supplied with	this filing does not qualify for the	6.4 CITY-ST		ction 119 07(3Vi) Florida Statutes I further certi	fy that the information

Indicated on this annual report of supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the conforation or the peceiver or trustee empowered be executed his report as required by Chapter 607, Florida Statutes; and that my name appears